

## SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035462

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2595

FILED SEP 27 1961

## 1. PLACE OF DEATH

a. COUNTY St. Louisb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Ladue

Length of stay in 1b

YRS.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION 15 Claremont LaneInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louisc. CITY  
OR  
TOWN LadueInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)  
15 Claremont LaneReside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First  
IsabelMiddle  
CapenLast  
Scudder4. DATE  
OF  
DEATHMonth  
Sept.Day  
14,Year  
1961

## 5. SEX

female

## 6. COLOR OR RACE

white7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Sept. 16, 1896

## 9. AGE (last birthday)

64

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
at home10b. KIND OF BUSINESS OR INDUSTRY  
housewife11. BIRTHPLACE (City and state or country)  
St. Louis Missouri12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

Samuel D. Capen

## 13b. MOTHER'S MAIDEN NAME

Effie Houghton

## 14. NAME OF HUSBAND OR WIFE

John A. Scudder

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
no

## 16. SOCIAL SECURITY NO.

none

## 17. INFORMANT

none

## Address

Mr. John A. Scudder 15 Claremont La.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease

## INTERVAL BETWEEN ONSET AND DEATH

18 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Unstable angina pectoris15 min

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from Nov 17 1943 to Sept 14 61 and last saw her alive on Nov 23 1961Death occurred at about 3:30 on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

Sept. 25, 1961

## 23c. NAME OF CEMETERY OR CREMATORY

Bellefontaine Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

C.R. Lupton and Sons 7233 Delmar Blvd.9-14-61John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

Scudder  
County Vise.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clarence H. Murr

Licensed Embalmer No. 4011  
P. O. Address H. Lewis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.